COLORADO SPRINGS SCHOOL DISTRICT 11

Personal Property Damage or Loss

RETURN THE FORM TO RISK MANAGEMENT:
EMAIL: _RISKMGNT@D11.ORG
FAX: (719) 520-2383
QUESTIONS? Call (719) 520-2398

This claim form must be completed in full with all required details before the claim can be processed or paid

1. Claim must be filed with the Risk Management Office within 30 days of the incident.
2. A Colorado Springs Police report must be filed and a police case number must be provided.
3. A copy of the declarations page showing the deductible on your property or vehicle insurance must accompany this form. .
4. Two estimates for the repair or replacement must be attached.
5. Your supervisor/principal must sign and date this form.
6. To recover any loss ***above*** your policy deductible or reimbursement limit, you will have to file a claim with your personal insurance.

Employee Name (First, Middle, Last)	Position/School/Department
Home Address	How long employed
City/State/Zip	Date and time of incident Report Date
Home Phone Work Phone	Police report #
Location of incident	

Detailed Description of incident:	**Describe the article or vehicle damaged or lost:**

Amount of damage $ _____

Less amount paid by insurance $ _____

Reimbursement requested $ _____

$1000 per incident/$1,500 max per year

Signature of claimant requesting reimbursement **Date**

X

Principal / Supervisor confirmation of incident:
I confirm that this incident occurred as note above Yes ☐ No ☐

Signature of Principal / Supervisor **Date**

X

Risk Management comments

Claim Approved Yes ☐ No ☐

X

For more information visit: http://d11.org/Risk/Pages/default.aspx